
PHARMACIST CHANGE OF ADDRESS

Name _____ RPh License No _____

New Address

Street _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Previous Address

Street _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Date Change Effective _____

PHARMACIST CHANGE OF EMPLOYMENT

Name _____ RPh License No _____

New Place of Employment

Pharmacy Name _____ Pharmacy License No _____

Street _____

City _____ State _____ Zip _____

Position _____
(e.g., staff, pharmacist-in-charge, etc.)

Previous Place of Employment

Pharmacy Name _____ Pharmacy License No _____

Street _____

City _____ State _____ Zip _____

Position _____
(e.g., staff, pharmacist-in-charge, etc.)

Date Change Effective _____

Please Complete and Mail or Fax to:

KENTUCKY BOARD OF PHARMACY
23 MILLCREED PARK
FRANKFORT, KY 40601-8204
502-573-1582

KEEP A COPY OF THIS NOTIFICATION IN YOUR FILES
